

Birthday Party Active Waiver (1-14 Years of Age)

INFORMED CONSENT AGREEMENT- 2018 Children's Recreation Programs

CITY OF MAPLE RIDGE

We, the UNDERSIGNED hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreational activities (SKATEBOARDING/ SCOOTERING/IN-LINE SKATING/ROLLER SKATING/DROP-IN RECREATIONAL ACTIVITIES/ROCKCLIMBING/BOULDERING. These types of injuries may be minor or serious and may result from ones actions, or the actions or inaction's of others, or a combination of both.

I/we understand that **RULES AND REGULATIONS** are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations as listed and or as dictated by youth centre staff.

RULES AND REGULATIONS

1. Helmets must be worn while skateboarding/inline skating/roller skating or using skate equipment.
2. No unsafe or reckless skating allowed.
3. Participants will obey the instructions of the youth centre staff.
4. *All our programs are free from nicotine, alcohol & other drugs.*

I/we understand certain activities require a minimum **LEVEL OF FITNESS AND HEALTH** (physical, mental and emotional) and that each person has a different capacity for participating in these activities.

I/WE Understand and acknowledge that certain RISKS OF INJURY are inherent with TRANSPORTATION via a motor vehicle that are beyond our control and ASSUME THESE RISKS if they occur.

I/we agree **THE CITY OF MAPLE RIDGE** or its employees, servants or agents shall not be liable for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, **UNLESS** such injury, loss or damage is caused by **SOLE NEGLIGENCE** of the **CITY OF MAPLE RIDGE** its employees, servants or agents while acting within the scope of their duties.

I/we the undersigned parent, guardian, do hereby agree to allow individual(s) named herein **to be photographed / videotaped** and to be used solely for the purposes of the Children's Recreation Programs, and Maple Ridge Parks, Recreation & Culture.

I/WE declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all of the foregoing.

SIGNATURE OF LEGAL
PARENT OR GUARDIAN _____ PRINT NAME _____

SIGNATURE OF
PARTICIPANT _____ PRINT NAME _____

PARTICIPANT BIRTHDATE _____ PARTICIPANT AGE _____

ADDRESS _____ TELEPHONE NUMBER _____

POSTAL CODE _____ DATE _____

PARENT EMAIL _____

The personal information on this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use or disclosure of this information, please contact the Manager of Legislative Services, at 604-463-5221 or foi@mapleridgeca.